



**SIGN LANGUAGE INTERPRETER
REQUEST FORM**

PLEASE FAX TO: City of Los Angeles Department on Disability
Disability Access and Services Division
(213) 202-2715 FAX

For any questions, please contact DOD at (213) 202-2764 Voice or (213) 202-2755 TTY.

APPOINTMENT DATE:

TIME:

☐ AM
☐ PM

TO:

☐ AM
☐ PM

REQUESTED BY:

PHONE:

DEPARTMENT:

BUREAU:

LOCATION OF EVENT:

ADDRESS:

ROOM: CITY:

STATE: ZIP:

CROSS STREET:

PARKING:

CONTACT PERSON:

PHONE:

PROGRAM PARTICIPANT:

TYPE OF INTERPRETING REQUIRED: SITUATION: _____

☐ ONE-ON-ONE

☐ STAGE OR PLATFORM

☐ SIGN TO VOICE

☐ SMALL GROUP

☐ LARGE GROUP

SPECIAL INSTRUCTIONS: _____

(FOR DEPARTMENT ON DISABILITY USE ONLY)

TOTAL \$: _____

____ INTERPRETER(S) X ____ HOURS = ____ TOTAL HOURS X ____ PER HOUR
(2 HOUR MINIMUM)

☐ CRC SLI NAME(S) _____

☐ LIFESIGN NAME(S) _____

☐ WIN NAME(S) _____

COMMENTS: _____

NAME OF PROGRAM/ACCOUNT FUND: _____

XXX 504/ADA _____ OTHER _____

DEPARTMENT: on Disability

DIVISION/BUREAU: Disability Access and Services

ADDRESS: 201 N. Figueroa Street

SUITE: 100

CITY: Los Angeles

STATE: CA ZIP: 90012

ATTENTION: Richard Pope

AUTHORIZED BY: _____ DATE: _____

OFFICE APPROVAL: _____ DATE: _____